



**ADDRESS**

Plot # 26465, Off Kasama Road, Chilala  
Lusaka - Zambia  
+260 972 445898 | +260 974 268509 | +260 973 090901  
**Email:** kindervillepreschoolzambia@gmail.com  
info@kindervillezambia.com  
**www.kindervilleschoolzambia.com**

## REGISTRATION FORM

Name of Child: \_\_\_\_\_ Sibling Attending:

Age: \_\_\_\_\_ D.O.B. \_\_\_\_\_ Gender: \_\_\_\_\_

Level: Baby Class (Ages 2-3)  Middle Class (Ages 4-5)   
Reception (Ages 5-6)  Primary School (Grade 1-2)

Parent (s) / Guardian (s): \_\_\_\_\_

Address: \_\_\_\_\_

Email: \_\_\_\_\_

Contact No.: \_\_\_\_\_

Medical Condition (s): \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**Declaration:**

I,.....the parent/guardian, hereby declare that the information provided is true and accurate. I understand that the school reserves the right to verify the information provided.

\_\_\_\_\_  
Parent (s) / Guardian (s) Signature

\_\_\_\_\_  
Date